

PUBLIC RECORD REQUEST FORM

NAME:		PHONE NUMBER:		DATE:
ADDRESS:		CITY:	STATE:	ZIP:
AGENCY NAME:	PHONE #:	FAX #:	E-MAIL ADDRESS:	

PLEASE NOTE: MANY PUBLIC RECORDS ARE IN STORAGE AND WILL NEED TO BE RETRIEVED FOR REVIEW AND FOR COPYING. THE CITY OF MARICOPA REQUESTS THAT A MINIMUM OF 3 BUSINESS DAYS BE PROVIDED TO ALLOW US TO RETRIEVE THE APPROPRIATE RECORD. IF THE CITY REQUIRES ADDITIONAL TIME THE REQUESTOR WILL BE ADVISED.

INDICATE WHETHER YOU WOULD LIKE TO: <input type="checkbox"/> REVIEW THE REQUESTED DOCUMENTS <input type="checkbox"/> OBTAIN PHOTOCOPIES OF THE REQUESTED DOCUMENTS <input type="checkbox"/> WISH TO HAVE RECORDS E-MAILED TO YOU IF AVAILABLE <input type="checkbox"/> WISH TO HAVE RECORDS FAXED TO YOU IF AVAILABLE	<u>SPECIFICALLY</u> DESCRIBE EACH DOCUMENT REQUESTED: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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IF THE RECORD WILL BE USED FOR A COMMERCIAL PURPOSE, PLEASE STATE THAT PURPOSE. (ARS § 39-121.03)

I CERTIFY THAT ALL OF THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____ BY: _____

DATE PROCESSED: _____ BY: _____

☐ ENCLOSED IS THE RECORD YOU REQUESTED

☐ NO RECORD WAS FOUND BASED ON THE INFORMATION YOU PROVIDED

☐ OTHER _____

☐ REVIEWED BY REQUESTOR ON _____ ☐ E-MAILED TO REQUESTOR ON _____

☐ PICKED UP BY REQUESTOR ON _____ TOTAL \$ _____ ☐ FAXED TO REQUESTOR ON _____

